

PATENT

Paper No.

File: Greene-P1-03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor : REES, Frank L.
Serial No. : 10/722,648
Confirmation No. : 7313
Filed : November 25, 2003
For : Gauss-Rees Parametric Ultrawideband System
Group Art Unit : 3662
Examiner : LOBO, IAN J

MS: Appeal
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**PETITION FOR WITHDRAWAL OF ABANDONMENT
AND REQUEST FOR REFUND OF THE PETITION FEE**

SIR :

On September 2, 2010, a Notice of Abandonment was issued in the above-identified application. The Notice of Abandonment states that the above-identified application has been abandoned because "the decision by the Board of Patent Appeals and Interference rendered on 8/31/10 and because the period for seeking court review of the decision has expired and there are no allowed claims."

The abandonment is premature because Applicant is entitled to request a rehearing of the Board Decision within two months of the Decision, and that REQUEST FOR REHEARING

PURSUANT TO Sec. 37 CFR 41.52 is being submitted timely herewith.

Adjustment date: 12/15/2010 CKHLOK
11/02/2010 INTEFSW 00004194 500235 18722648
01 FC:1462 400.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>12/14/10</u>		2 Serial/Patent #: <u>10/722,648</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
			6 AMOUNT
<input type="checkbox"/>	Filing		\$
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input checked="" type="checkbox"/>	Petition		11/01/10 \$ 400.00
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND	\$ 400.00
8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check	
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; vertical-align: middle;">5 0 -- 0 2 3 5</table>	
<input checked="" type="checkbox"/>	No Fee Due (Explanation): Petition 1.181 No fee required.		
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>A. Kelley</u>		TITLE: Petitions Examiner	
SIGNATURE: <u>A. Kelley</u>		PHONE: 2-6059	
OFFICE: Office of Petitions			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****			
APPROVED: <u>Chlak</u>		DATE: <u>12/15/10</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**